



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional) 210_211RCE

In re Application of: Mark Alexander Hill et al.

Application No. 09/679,853

Filed: October 5, 2000

For: METHOD AND APPARATUS FOR REMOTELY MONITORING
AND CONTROLLING AN HVAC DEVICE

Art Unit 2125

Examiner Kidest Bahta

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☒ One month (37 CFR 1.17(a)(1)) \$120.00
☐ Two month (37 CFR 1.17(a)(2)) \$ _____
☐ Three month (37 CFR 1.17(a)(3)) \$ _____
☐ Four month (37 CFR 1.17(a)(4)) \$ _____
☐ Five month (37 CFR 1.17(a)(5)) \$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-0835.

I have enclosed a duplicate copy of this sheet.

08/22/2005 SHASSEN1 00000023 030835 09679853

01 FC:1251 120.00 DA

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 35,067

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

August 18, 2005

Date

315-425-9000

Telephone Number

Signature

Peter J. Bilinski

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).</p> <p>FREE TRANSMITTAL For FY 2005</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p>						
<p>Application Number</p>		<p>09/679,853</p>						
<p>Filing Date</p>		<p>October 5, 2000</p>						
<p>First Named Inventor</p>		<p>Mark Alexander Hill</p>						
<p>Examiner Name</p>		<p>Kidest Bahta</p>						
<p>Art Unit</p>		<p>2125</p>						
<p>Attorney Docket No.</p>		<p>210_211RCE</p>						
<p>Express Mail Label EV 387966225 US</p>								
<p>METHOD OF PAYMENT (check all that apply)</p>								
<p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p>								
<p><input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-0835</u> Deposit Account Name: <u>Carrier Corporation</u></p>								
<p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p>								
<p><input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</p>								
<p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments <input checked="" type="checkbox"/> Credit any overpayments</p>								
<p>of fee(s) under 37 CFR 1.16 and 1.17</p>								
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
<p>FEE CALCULATION</p>								
<p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p>								
	FILING FEES		SEARCH FEES		EXAMINATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
<p>2. EXCESS CLAIM FEES</p>								
<p>Fee Description</p>							Small Entity Fee (\$)	
<p>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent</p>							50	
<p>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent</p>							200	
<p>Multiple dependent claims</p>							360	
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	Multiple Dependent Claims	
	- 20 or HP =		x	=			Fee (\$) Fee Paid (\$)	
<p>HP= highest paid number of total claims paid for, if greater than 20</p>								
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)		
	- 3 or HP =		x	=				
<p>HP = highest number of independent claims paid for, if greater than 3</p>								
<p>3. APPLICATION SIZE FEE</p>								
<p>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a) (1)(G) and 37 CFR 1.16(s).</p>								
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof	Fee (\$)		Fee Paid (\$)	
	- 100 =		/ 50 =	(round up to a whole number) x	=			
<p>4. OTHER FEES</p>							Fees Paid (\$)	
<p>Non-English Specification, \$130 fee (no small entity discount)</p>								
<p>Other: One Month Extension of Time (\$120.00)</p>							120.00	
<p>SUBMITTED BY</p>								
<p>Signature</p>		<p><i>Peter J. Bilinski</i></p>			<p>Registration No. 35,067 (Attorney/Agent)</p>		<p>Telephone 315-425-9000</p>	
<p>Name (Print/Type)</p>		<p>Peter J. Bilinski</p>			<p>Date August 18, 2005</p>			

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